

Senate Health Services Committee

Vivian Lasley-Bibbs
Office of Health Equity

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Kentucky Public Health
Prevent. Promote. Protect.

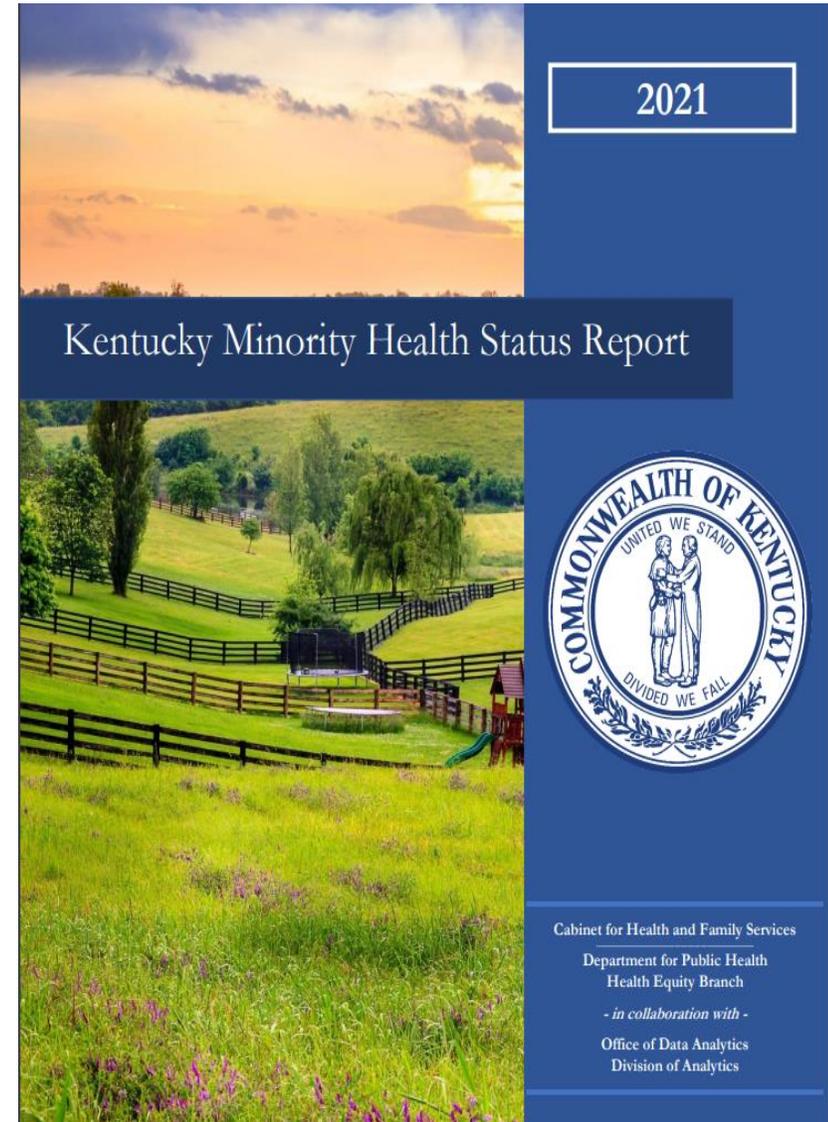


TEAM 
KENTUCKY®
CABINET FOR HEALTH
AND FAMILY SERVICES

Minority Health Status Report

🏥 The Minority Health Status Report (MHSR) is produced biennially in odd-numbered years in compliance with the KRS 216.2929(4). The report provides the most current data describing disparities that exist in the commonwealth through multiple data sources, including the Kentucky Behavioral Risk Factor Survey (KyBRFS), the U.S. Census, the American Community Survey (ACS), and other measures of population health.

<https://www.chfs.ky.gov/agencies/dph/oc/heb1/MHSR%2012.22.2022%20%281%29.pdf>



Minority Health Status Report

- 🛡️ The 2021 Minority Health Status Report (MHSR) highlights the disparities affecting Kentuckians and provides recommendations for improving health outcomes throughout the state.
- 🛡️ The MHSR is a resource that can be used to engage communities and start conversations about Social Determinants of Health (SDoH) and their relationship to health disparities.
- 🛡️ This document also provides data that support the focus areas of DPH's 2021 State Strategic Plan goals of advancing the health and wellbeing of the citizens of Kentucky.

Health Disparities

-  Disparate health outcomes have been linked to:
- Cultural and linguistic barriers
 - Lack of relationship with primary care provider
 - Access to services
 - Finances
 - Fragmented delivery of services
 - Personal biases
 - Systemic and institutional barriers

Health Equity

 Inequities exist across many dimensions:

- Race
- Income
- Gender
- Rural versus urban
- Education level
- Ethnicity
- Immigration status
- Sexual orientation
- Social connectedness



Data

- 🛡️ Demographics
- 🛡️ Social risk factors
- 🛡️ Health risk factors
- 🛡️ Health outcomes

🛡️ <https://chfs.ky.gov/agencies/dph/oc/Pages/heb.aspx>

Data

Demographics

- 86.7% of Kentucky identified as white. The next largest racial or ethnic group was Black Kentuckians at approximately 8% of the population.
- Most of the Black and Asian populations in Kentucky resided in Jefferson County and Fayette County. The counties with the highest number of Hispanic/Latino persons were Fayette, Boone, Christian, Hardin, Jefferson, Shelby, and Warren.

Social Risk Factors

- In 2018, the prevalence of adults reporting at least one adverse childhood experience was 62.7%. In 2020, this rate was 65%.
- Black, American Indian/Alaska Native, and Hispanic Kentuckians were more likely to be home renters than homeowners.

Data

Health Risk factors

- According to 2020 data, 45.37% of Black Kentuckians (non-Hispanic) were obese while 24.79% were overweight. These same figures for Hispanic Kentuckians were 47.53% and 36.00%, respectively; for white Kentuckians (non-Hispanic), they were 36.54% and 34.18%, respectively.
- In 2019, 35.1% of adults in Kentucky had any disability (cognitive, mobility, vision, self-care, or independent living disability) compared with 26.7% in United States and its territories.

Data

Health Outcomes

- According to 2020 data, 26.25% of Hispanic Kentuckians, 15.78% of Black Kentuckians, and 12.95% of white Kentuckians had been told by a doctor that they have diabetes.
- The Kentucky Cancer Registry's data for 2018 indicate that incidence rates for all invasive cancers for white Kentuckians are 489.7 cases per every 100,000 people. The incidence rate for Black Kentuckians is 469 cases per every 100,000 people.

Usefulness of the Data

- 🛡️ Address inequities in communities, through collaborations and partnerships to reduce health disparities at all levels.
- 🛡️ Understand the relationship between socioeconomic status, environment, access to health services, literacy levels, governmental policies, and their impact on the health outcomes of Kentuckians.
- 🛡️ Allows us to see the way in which various forms of inequity often operate together and exacerbate each other.
- 🛡️ Illustrates evidence that inequities persist in ways that are stratified by race, sex, age, disability, and other identity categories; the combination of these inequities create exceptional hardship and poor health outcomes for some Kentuckians who experience many of them simultaneously.

Achieving Health Equity

- 🛡️ Address SDOH through population-based interventions and more targeted methods focusing on the areas with the greatest unmet needs.
- 🛡️ By advancing the understanding of the root causes of health inequities and their role in perpetuating health disparities.

HEALTH EQUITY MOVING FORWARD

- Using a health equity lens to describe differences in health care access and in health outcomes.
- Health equity is not preferential treatment, nor is it reverse racism. Health equity is not a plan to target particular groups and move them to the front of the line by cutting in front of others.
- Rather, the goal of health equity is to ensure that there is no line because everyone deserves the opportunity to be healthy.

Improving laws and policies that shape community conditions



UPSTREAM

Social and Institutional Inequalities

Racism, discrimination, classism, poverty, ableism, sexism

Addressing individuals' social needs



MIDSTREAM

Living Conditions

Housing, transportation, violence, access to good jobs and education, exposure to toxins, income

Addressing health outcomes



DOWNSTREAM

Health Outcomes, Symptoms

Poor nutrition, chronic disease, communicable disease, toxic stress, infant mortality,

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Summary

-  To address health disparities and avoid perpetuating these inequities, the commonwealth must come together to address the root causes of health disparities and inequities.
-  Unjust circumstances – whether based on race, gender, income, ethnicity, or other social conditions – need to be eliminated.
-  Everyone deserves the best health possible regardless of zip code.

